

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

RWD ASSOCIATES, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

704 BUSH STREET, SUITE 409

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

SAN FRANCISCO, CA 94108

5b City, state, and ZIP code

6 County and state where principal business is located

SAN FRANCISCO COUNTY, STATE OF CALIFORNIA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► 569-42-4772

STEPHANIE RICCI, MANAGER

SFUND RECORDS CTR
2278292

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ►

☒ Other (specify) ► LIMITED LIABILITY COMPANY, TAXED AS A PARTNERSHIP

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ►

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

CALIFORNIA

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☐ Started new business (specify type) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☒ Other (specify) ► PROPERTY OWNER

10 Date business started or acquired (month, day, year) (see instructions)

7/12/99

11 Closing month of accounting year (see instructions) SI

DECEMBER

8

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income first be paid to nonresident alien. (month, day, year) ► N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural

Agricultural

Household

-0-

14 Principal activity (see instructions) ► PROPERTY OWNERSHIP AND MANAGEMENT

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)

☐ Other (specify) ►

☐ Business (wholesale)

☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application. If different from line 1 or 2 above

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(415) 435-5368

Fax telephone number (include area code)

(415) 435-0446

Name and title (Please type or print clearly.) ► STEPHANIE RICCI, MANAGER

Signature ►

Stephanie Ricci

Date ► 7/14/99

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying